

MAIL DATE CANCELLED
JAN 02 2000
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PTO SB/17 (12/99)
JUN 02 2000
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GA 2721

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FEE TRANSMITTAL

for FY 2000

Patent fees are subject to annual revision,
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 AND 1.28

Complete if Known

TOTAL AMOUNT OF PAYMENT	(\$147.00)	Application Number	09/356,939
		Filing Date	7/19/1999
		First Named Inventor	Grajewski et al.
		Examiner Name	
		Group/Art Unit	2721
		Attorney Docket No.	438P470

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number: 50-0576

Deposit Account Name: Hancock & Estabrook, LLP

☒ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE			
Large Entity	Small Entity	Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)
101	690	201	345
106	310	206	155
107	480	207	240
108	690	208	345
114	150	214	75
SUBTOTAL (1)			.00

2. EXTRA CLAIM FEES			
Total Claims	Extra Claims	Fee from below	Fee Paid
32	20**	9	108.00
4	3**	39	39.00
Multiple Dependent			

Large Entity				Small Entity				Fee Description
Code	Fee (\$)	Code	Fee (\$)	Code	Fee (\$)	Code	Fee (\$)	Fee Description
103	18	203	9	102	78	202	39	Claims in excess of 20
104	260	204	130	109	78	209	39	Independent claims in excess of 3
109	78	209	39	110	18	210	9	Multiple dependent claim, if not paid
110	18	210	9					**Reissue independent claims over original patent
								**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)			(\$147.00)					

FEE CALCULATION (continued)

3. ADDITIONAL FEES			
Large Entity	Small Entity	Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	380	216	190
117	870	217	435
118	1,360	218	680
128	1,850	228	925
119	300	219	150
120	300	220	150
121	260	221	130
138	1,510	138	1,510
140	110	240	55
141	1,210	241	605
142	1,210	242	605
143	430	243	215
144	580	244	290
122	130	122	130
123	50	123	50
126	240	126	240
581	40	581	40
146	690	246	345
149	690	249	345
Other fee (specify) _____			
Other fee (specify) _____			
SUBTOTAL (3)			(\$)

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	George R. McGuire	Registration No. (Attorney/Agent)	36,603
Signature	<i>George R. McGuire</i>	Telephone	315-471-3151
		Date	5/30/00

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization of PTO-2038.

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